



New Jersey Department of Environmental Protection  
Site Remediation Program

REMEDIATION FUNDING SOURCE SELF GUARANTEE  
APPLICATION

Date Stamp  
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Municipality: \_\_\_\_\_ (Township, Borough or City)  
County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Program Interest (PI) Number(s): \_\_\_\_\_ ISRA Case Number: \_\_\_\_\_

SECTION B. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION

Affiliation/Name of Organization: \_\_\_\_\_  
First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
1. Type of Oversight Document/Authority (check all that apply and provide date for all that apply)  
☐ ACO ☐ Remediation Agreement (RA) ☐ Remediation Certification ☐ ISRA RAWP  
☐ Directive ☐ Order ☐ Court Order ☐ ACO Amendment ☐ RA Amendment  
2. Date Oversight Document/Authority became effective: \_\_\_\_\_  
3. Name of entity that entered into the oversight document: \_\_\_\_\_

SECTION C. SELF-GUARANTEE APPLICANT INFORMATION

Name of Organization: \_\_\_\_\_  
First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
1. Does the person responsible for conducting the remediation produce its own audited financial statements? ..... ☐ Yes ☐ No  
2. If "No" is answered to number 1 above, does a Direct Parent Company produce the audited financial statements? If "Yes," complete Direct Parent Company section below. .... ☐ Yes ☐ No

DIRECT PARENT COMPANY INFORMATION (IF APPLICABLE)

Legal Name of Organization: \_\_\_\_\_  
First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**SECTION D. ESTIMATED COST OF REMEDIATION**

1. Current estimated cost of remediation: .....\$ \_\_\_\_\_
2. Estimated cost of remediation for the next 12-month period: .....\$ \_\_\_\_\_

**SECTION E. REMEDIATION FUNDING SOURCE (RFS) AMOUNT**

Total amount of RFS to be established: .....\$ \_\_\_\_\_

**SECTION F. FINANCIAL DOCUMENTATION**

1. Does the required remediation funding source amount exceed one-third of the applicant's net worth?....☐ Yes ☐ No

Self Guarantor's Net Worth (pg. \_\_\_\_\_) .....\$ \_\_\_\_\_

One-third of Above.....\$ \_\_\_\_\_

2. Is cash flow sufficient to assure the availability of sufficient monies for the remediation? .....☐ Yes ☐ No

Self Guarantor's Net Cash provided by (used in) operating activities (pg. \_\_\_\_\_)...\$ \_\_\_\_\_

3. Do the gross receipts (revenues) exceed gross payments (expenses) in an amount at least equal to or greater than the estimated cost of remediation to be performed in the next 12-month period? .....☐ Yes ☐ No

Gross Receipts (revenues) (pg. \_\_\_\_\_) .....\$ \_\_\_\_\_

Gross Payments (pg. \_\_\_\_\_) .....\$ \_\_\_\_\_

Net Income .....\$ \_\_\_\_\_

*I certify under penalty of law that I am fully aware of the requirements of N.J.S.A. 58:10B-3 as they pertain to remediation funding sources. Specifically, I am aware of the responsibilities to establish and maintain the remediation funding source. Additionally, I acknowledge that the remediation funding source as required by N.J.A.C. 7:26C-5 shall be maintained in the appropriate amount and form until such time as an alternative remediation funding source is submitted to the Department and it has been approved by the Department in writing or the Department determines that it is no longer necessary to maintain a remediation funding source. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement that I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for all resulting penalties.*

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name Signed Above

\_\_\_\_\_  
Chief Financial Officer

**SECTION G. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION CERTIFICATION**

*I certify under penalty of law that I am fully aware of the requirements of N.J.S.A. 58:10B-3 as they pertain to remediation funding sources. Specifically, I am aware of the responsibilities to establish and maintain the remediation funding source. Additionally, I acknowledge that the remediation funding source as required by N.J.A.C. 7:26C-5 shall be maintained in the appropriate amount and form until such time as an alternative remediation funding source is submitted to the Department and it has been approved by the Department in writing or the Department determines that it is no longer necessary to maintain a remediation funding source. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement that I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for all resulting penalties.*

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Signature\_\_\_\_\_  
Print Full Name Signed Above\_\_\_\_\_  
Title

Completed forms should be sent to:

Bureau of Enforcement and Investigations  
Site Remediation Program  
NJ Department of Environmental Protection  
401-05G  
PO Box 420  
Trenton, NJ 08625-0420